National Committee Against Mental Illness, Inc.

(Formerly: National Mental Health Committee, Inc.)

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X ★ REPUBLIC 7-4398

July 28, 1958

Dear Friend:

I am happy to report the following developments as the 1958 Congressional Session draws to a close:

1. On July 18th, the Congress voted a record sum of \$52,419,000 for the operations of the National Institute of Mental Health during the coming year. This is approximately \$15,000,000 more than the sum originally proposed by the Administration in January of this year.

Of equal importance is the fact that the Congress made a number of specific allocations in support of projects recommended by the National Committee Against Mental Illness. In a speech on the floor of the House, Representative John Fogarty, Chairman of the House Appropriations Subcommittee handling the bill, put the National Institute of Mental Health and other Institutes on notice that the specific Congressional recommendations were to be implemented immediately. Here are Congressman Fogarty's words:

"There are many instances where special segments of the programs provided for in the bill were identified in the House and Senate reports for special attention and action. We expect the agencies to start at once to so plan these programs as to implement the expressed intentions of Congress."

The following is a list of the major recommendations spelled out in either the House or Senate reports, or in the conference report on the bill:

a. <u>PSYCHOPHARMACOLOGY</u> -- The conference report states:

"Some question has been raised concerning the earmarking of funds for the mentalhealth program for contracting with the pharmaceutical industry. The managers on the part of both the House and the Senate are agreed that the Psychopharmacology Service Center be given a special allocation of approximately \$4,000,000 to advance the program of basic research on the effects of drugs on the mentally ill and for the development of desperately needed screening techniques to determine the effectiveness of particular drugs on particular patients by every appropriate means, including entering into contracts with research organizations, public or private."

The authority to enter into contracts with the pharmaceutical industry or with non-industrial organizations to accelerate drug research is new and exceedingly important. Since the pharmaceutical industry possesses tremendous research and manpower resources, it is vitally important that the National Institute of Mental Health sit down with leaders of that industry to work out the best division of the contract funds. Since a number of the pharmaceutical houses now have contracts with the Government in the cancer chemotherapy program, procedures have already been established which will speed up the granting of contracts in the psychiatric area. It is also hoped that the pharmaceutical houses will take the initiative in making applications in areas where their tremendous resources make them uniquely fitted to do drug research work.

- b. THE GENERAL PRACTITIONER A special allocation of \$1,300,000 was voted for this program, broken down into two specific recommendations:
- (1) \$800,000 to finance fellowships for those general practitioners who desire to take a three-year residency leading to qualification as a psychiatrist.

The \$800,000 will allow for only a very limited fellow—ship program. For example, if the general practitioner stipend is set at \$8,000 a year, only 100 fellowships can be awarded for a one-year period.

For some inexplicable reason, the National Institute of Mental Health has continually dragged its feet on this question of training the general practitioner, and this in spite of the enormous interest in this program on the part of the American Psychiatric Association, the American Academy of General Practice, and numerous state and local medical societies. In order to get the Institute moving, it is imperative that general practitioners interested in stipends for psychiatric residency training send applications at once to the Institute.

(2) \$500,000 for pilot project grants in various methods of training the general practitioner in psychiatric skills. Here again it is important that medical schools, state mental health departments, regional research and training councils, and private

organizations make immediate application to the Institute for these funds.

c. In addition to the specific recommendations outlined above, the House recommended an additional \$1,300,000 for research on schizophrenia; \$700,000 for research on alcoholism, and \$700,000 additional for the training activities of the Institute.

Several observations are in order on the above actions of the Congress. In the first place, the NCAMI is deeply grateful to the Congress for its continued support of the work of the Institute. In 1953, when I became Executive Director of the Committee, the Institute had a budget of approximately \$10,000,000. For the coming year it will have a budget more than five times as large.

Over the past five years, Institute officials rarely pushed for any increases. In fact, on most occasions they have inspired a stream of messages to the Congress to the effect that they could not expend the monies contemplated. However, last year the Institute spend about \$39,000,000 and had a considerable backlog of research and training applications which it could not support for lack of funds.

Institute officials have also objected very vehemently to specific directives from the Congress. They seem to forget that the Institute was established by the Congress to serve the people of the United States. Furthermore, the Congress has frequently urged the Institute to chart its own course--to come up with long-range plans in the major areas. This the Institute has continually failed to do. For example, in 1957 the Senate asked the Institute for a careful appraisal of psychiatric training needs as best visualized during the coming five-year period. In a 65-page report presented to the Congress on April 10, 1958, the Institute devoted only two pages to future needs with no cost estimates and no projections as to psychiatric manpower needs.

Whatever the attitude of the Institute may be on the Congressional actions summarized above, I can assure you that the NCAMI is most appreciative of them. I will do all in my power to see that the Institute carries out the specific directives of the Congress. Those of us concerned with these programs, engage in a rough and tough battle for these funds each and every year, and we will not tolerate any negativism in spending them.

We are still not satisfied with the level of spending for the National Institute of Mental Health. The approximately \$50,000,000 voted this year is only a drop in the bucket compared to the direct and indirect costs of mental illness to this Nation. In 1953, testifying before the House Interstate Commerce Committee on the problem, I said that the National Institute of Mental Health should have a minimum budget of \$100,000,000 a year for all of its wide-ranging efforts in the fields of research, training, community services, technical assistance, etc. I therefore hope that the Administration will recommend a budget of that size in January of next year.

Parenthetically, we just received an additional piece of good news on Congressional appropriations. On July 21 the Congress voted \$15,344,000 for the medical research programs of the Veterans Administration. This is a \$5,000,000 increase over the Administration figure. When we started working on the Veterans Administration research program back in 1956, the medical research budget was only about \$5,000,000. However, we have a long way to go--we think the V.A. should be spending about \$80,000,000 a year for medical research.

We have one more big piece of business before the Congress adjourns. The Research Facilities Construction Act, which has provided millions of dollars in matching funds for the construction of psychiatric and other laboratory facilities, is up for renewal. Since we can't get away until it is renewed, it will be a long hot summer in Washington.

Cordially,

Mike Horman

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